PTO/SB/17 (0x/08)
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					Complete		
Fees pursuant to the Co				Application Number	10/522,111		
FEE TRANSMITTAL				Filing Date	January 25	January 25, 2005	
for FY 2007				First Named invento			
	101 [ 1 2	.001	ļ		Heather R		
				Examiner Name	2621		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit				
TOTAL AMOUNT OF	F PAYMENT	(\$) 940.00	<u> </u>	Attorney Dockel No	PF020097		
		CUSTOI	MER NUME	ER: 24498			
Theck Cre	edit card	7-71		None	Other (plea	ase identify):	
			0000	Deposit Account	Name: T	HOMSON L	CENSING LLC
Deposit Accoun	it: Deposit Acc	count Number <u>07-</u>	<u>uasz</u> irector is heret	w suthorized to: (c)	eck all that appl	y)	
[♥] Charge fo	a(s) indicate	ed below		☐ Charge «	e(s) marcarca	00.011, 07.4-1	ot for the filing fe
🖾 Charge ar	ny additiona	al fee(s) or unde	erpayments o		y overpayment		
fee(s) under	37 CFR 1.1	6 and 1.17 may become publ	ic. Credit card I	nformation should n	ot be included on	this form. Prov	ide credit card
nformation and author	Ization on Pi	U-2030.				·	
EE CALCULATION	(All the fee:	s below are due	upon filing o	r may be subject t	o a surcharge.)		
. BASIC FILING, SE	ARCH, AND	EXAMINATION	FEES			TION FEES	
	FILING	FEES Small E <u>ntity</u>	ŞEAH	CH FEES Small Entity	_/C 134117	<u>Small i</u>	Entity
Application Type	Fe <u>e (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Pald (\$)
Application Type	300	150	500	250	200	100	
Jtility	200	100	100	50	130	65	
Design	200	100	300	150	160	80	
Plant	300	150	500	250	600	300	
Reisaue Provisional	200	100	o	ò	0	0	
•				•		Small	Entity
2. EXCESS CLAIM I	FEES				F	ee <u>(\$)</u>	Fee (\$)
Fee Description						60	25
Each claim over 20 (including Reissues)  Each independant claim over 3 (including Reissues)					:	200	100
eson independent clair Multiple dependent clair		mile ((Cianada))				360	180
Total Claims	<u>E</u>	xtra Claims	<u>Fee (\$)</u>	Fee Paid (\$)		ultiple Depen	Fee Paid (\$)
	or HP =	,	\$50	= _\$	<u> </u>	ee <u>(\$)</u>	red Faid 141
HP = highest number o	if total dalms p	aid for, if greater the	an 20.				
Independent Claim	<u>s</u>	Extra Claims	Fee (\$)	Fee Paid (\$)			
			x <u>\$200</u>	. = <u>0</u>			
	UI I I						
HP = highest number o	of independent	claims paid for, if g	reater than 3.				
HP = highest number o	of independent						
HP = highest number of 3. APPLICATION S	of independent	and 100 chas	ele of ooner (e)	xcluding electronics	ally filed sequence	e or computer	
HP = highest number of a APPLICATION S If the specification a	of independent	exceed 100 shee	ets of paper (exe fee due is \$2	230 (3)23 (4) 8((18)	ally filed sequence entity) for each a	e or computer additional 50	
HP = highest number of 3. APPLICATION S	of independent	exceed 100 sheethe application sizes 5 U.S.C. 41(a)(1)	ets of paper (ex se fee due is \$2 i(G) and 37 CF	R 1.16(s).	Chility to: Cook		
HP = highest number of a APPLICATION S If the specification a	of independent	exceed 100 sheethe application sizes 5 U.S.C. 41(a)(1)	ets of paper (exercise fee due is \$2 (G) and 37 CF	R 1.16(s). h additional 50 or	fraction thereof		
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HP = highest number of 3. APPLICATION S If the specification a listings under 37 CF sheets or fraction the Total Sheets  - 100 c  4. OTHER FEE(S	st independent size FEE and drawings FR 1.52(e)), thereof. See 36  Extra S  S)	exceed 100 sheethe application sizes U.S.C. 41(a)(1) Sheets N  / 50 =	ets of paper (exite fee due is \$200) (G) and 37 CF umber of each (reference of the count)	rR 1.16(s). h additional 50 or ound up to a whole	fraction thereof		Fee Paid (§
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HP = highest number of a APPLICATION S If the specification a listings under 37 CF sheets or fraction in Total Sheets  - 100 c  4. OTHER FEE(S Non-English Specific Other (e.g., late filling)	st independent size FEE and drawings FR 1.52(e)), thereof. See 36  Extra S  S)	exceed 100 sheethe application sizes 1. S.C. 41(a)(1) Sheets N / 50 = fee (no small entire FEE FOR ON RCE FEE	ets of paper (exite fee due is \$200) (G) and 37 CF umber of each (reference of the count)	(\$125).  the additional 50 or ound up to a whole ound the total whole output the state of the st	fraction thereof number) × 0.00 0.00	Fee (\$	Fee Paid (\$